ACGME International

ACGME International Subspecialty Foundational Program Requirements for Graduate Medical Education

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I. Institution

I.A. Sponsoring Institution

I.A.1. The fellowship must function as an integral part of an ACGME International (ACGME-I)-accredited core specialty residency program.

I.A.2. The Sponsoring Institution must establish the fellowship within a department of the core specialty or in an administrative unit whose primary mission is the advancement of the subspecialty education and patient care.

I.B. Participating Sites

I.B.1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment.

I.B.2. The PLA must be renewed at least every five years.

II. Program Personnel and Resources

II.A. Program Director

II.A.1. There must be a single program director with authority and accountability for the operation of the program.

II.A.1.a) The Sponsoring Institution’s Graduate Medical Education Committee (GMEC) must approve a change in the program director.

II.A.1.b) After approval, the program director must submit this change to the ACGME-I via the Accreditation Data System (ADS).

II.A.2. The program director must have a reporting relationship with the program director of the core specialty residency program to ensure compliance with ACGME-I requirements.

II.A.3. The program director must be available at the primary clinical site.

II.A.4. The program director must dedicate, on average, a minimum of 15 hours per week of his/her professional effort to the administrative and educational activities of the educational program.

II.A.5. The program director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME-I competency areas.
II.A.6. The program director must formally meet with each fellow to discuss his/her semiannual or final evaluation which is based on the review of the Clinical Competency Committee (CCC).

II.A.7. Qualifications of the program director should include:

II.A.7.a) a minimum of three years documented experience as a clinician, administrator, and educator in the program subspecialty;

II.A.7.b) current American Board of Medical Specialties (ABMS) certification in the program subspecialty or specialty qualifications that are deemed equivalent or acceptable to the Review Committee-International; and,

II.A.7.c) current medical licensure to practice in the Sponsoring Institution’s host country and appropriate medical staff appointment.

II.B. Faculty

II.B.1. There must be a sufficient number of (physician and non-physician) faculty members with documented qualifications to instruct and supervise all fellows for the program.

II.B.2. All faculty members must:

II.B.2.a) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in fellow education;

II.B.2.b) administer and maintain an educational environment conducive to educating fellows in each of the ACGME-I competency areas; and,

II.B.2.c) establish and maintain an environment of inquiry and scholarship with an active research component.

II.B.3. All physician faculty members must:

II.B.3.a) have current ABMS certification in the program specialty or possess qualifications acceptable to the Review Committee-International; and,

II.B.3.b) possess current medical licensure and appropriate medical staff appointment.

II.B.4. Core Faculty

II.B.4.a) Core faculty members are attending physicians who dedicate, on average, 10 hours per week throughout the year to the program.
II.B.4.b) Each program must have at least one core faculty member in addition to the program director.

II.B.4.c) The minimum core faculty member-to-fellow ratio is 1:2.

II.C. Other Program Personnel

II.C.1. The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.

II.D. Resources

II.D.1. The institution and the program must jointly ensure the availability of adequate resources for fellow education, as defined in the Advanced Specialty Program Requirements.

II.D.2. There must be sufficient patient population of different ages and genders, with a variety of ethnic, racial, sociocultural, and economical backgrounds, having a range of clinical problems to meet the program's educational goals. Insufficient patient experience does not meet educational needs, and excessive patient load suggests an inappropriate reliance on fellows for service obligations, which may jeopardize their educational experience.

II.D.3. Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format.

II.D.3.a) Electronic medical literature databases with search capabilities should be available.

III. Fellow Appointment

III.A. Eligibility Criteria

III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited core specialty program.

III.B. Number of Fellows

III.B.1. The number of available fellow positions in the program must be at least one per year unless otherwise specified in the Advanced Specialty Program Requirements.

III.B.2. The presence of other learners (including fellows from other specialties, subspecialty fellows, students, and nurse practitioners) in the program must not interfere with the appointed fellows' education.
IV. Educational Program

IV.A. Regularly Scheduled Didactic Sessions

IV.A.1. All core conferences must have at least one faculty member present, and must be scheduled as to ensure peer-peer and peer-faculty interaction.

IV.A.2. Patient-based teaching must include direct interaction between fellows and faculty members, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions. The teaching must be:

IV.A.2.a) formally conducted on all inpatient, outpatient, and consultative services; and,

IV.A.2.b) conducted with a frequency and duration that ensures a meaningful and continuous teaching relationship between the assigned supervising faculty member(s) and fellows.

IV.A.3. Fellows must receive instruction in practice management relevant to their subspecialty.

IV.B. Clinical Experiences

IV.B.1. The curriculum must contain the following educational components:

IV.B.1.a) overall educational goals that must be distributed to fellows and faculty members annually in either written or electronic form; and,

IV.B.1.b) competency-based goals and objectives for each assignment at each educational level that must be distributed to fellows and faculty members annually, in either written or electronic form.

IV.B.1.b).(1) These should be reviewed by the fellows at the start of each rotation.

IV.C. Fellows’ Scholarly Activities

IV.C.1. The majority of fellows must demonstrate evidence of scholarship conducted during the program through one or more of the following:

IV.C.1.a) publication of articles, book chapters, abstracts, or case reports in peer-reviewed journals;

IV.C.1.b) publication of peer-reviewed performance improvement or education research;

IV.C.1.c) peer-reviewed funding; or,

IV.C.1.d) peer-reviewed abstracts presented at regional, state, or national specialty meetings.
V. Evaluation

V.A. The Clinical Competency Committee (CCC) and the Program Evaluation Committee (PEC)

V.A.1. The program director must appoint the members of the CCC and the PEC.

V.A.2. The CCC should:

V.A.2.a) be composed of members of the program faculty;

V.A.2.b) have a written description of its responsibilities, including its responsibilities to the Sponsoring Institution and to the program director; and,

V.A.2.c) participate actively in:

V.A.2.c).(1) reviewing all fellow evaluations by all evaluators; and,

V.A.2.c).(2) making recommendations to the program director for fellow progress, including promotion, remediation, and dismissal.

V.A.3. The PEC should:

V.A.3.a) be composed of members of the program faculty, and include representation from the fellows;

V.A.3.b) have a written description of its responsibilities, including its responsibilities to the Sponsoring Institution and to the program director; and,

V.A.3.c) participate actively in:

V.A.3.c).(1) planning, developing, implementing, and evaluating all significant activities of the program,

V.A.3.c).(2) developing competency-based curriculum goals and objectives;

V.A.3.c).(3) annually reviewing the program as noted in Section V.D. below;

V.A.3.c).(4) reviewing the GMEC internal review of the program with recommended action plans; and,

V.A.3.c).(5) ensuring that areas of non-compliance with ACGME-I requirements are corrected.
V.B. Fellow Evaluation

V.B.1. Formative Evaluation

V.B.1.a) The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

V.B.1.b) The program director must provide an evaluation for each fellow every six months of the program based on the review of the CCC.

V.B.2. Summative Evaluation

V.B.2.a) The program director must provide a summative evaluation for each fellow upon completion of the program based on the review of the CCC.

V.B.2.b) This evaluation must become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy.

V.C. Faculty Evaluation

V.C.1. The program must evaluate faculty member performance as it relates to the educational program at least once per year.

V.C.2. The evaluation must include the confidential evaluations written by the fellows each year.

V.D. Program Evaluation and Improvement

V.D.1. At least once a year, the PEC must formally and systematically evaluate the curriculum using both faculty members’ and fellows’ program evaluations.

V.D.2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the above listed areas. The action plan should be reviewed and approved by the members of the teaching faculty and documented in meeting minutes.

VI. Fellow Duty Hours in the Learning and Working Environment

VI.A. Principles

VI.A.1. The program must be committed to and be responsible for promoting patient safety and fellow well-being and to providing a supportive educational environment.

VI.A.2. The learning objectives of the program must not be compromised by excessive reliance on fellows to fulfill service obligations.
VI.B. Supervision of Fellows

VI.B.1. The program must ensure that qualified faculty members provide appropriate supervision of fellows in patient care activities.

VI.C. Duty Hours

VI.C.1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

VI.C.2. Fellows must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of in-house call.

VI.C.3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

VI.D. On-call Activities

VI.D.1. In-house call must occur no more frequently than every third night, averaged over a four-week period.

VI.D.2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

VI.D.3. No new patients may be accepted after 24 hours of continuous duty.

VI.E. At-home call (or pager call)

VI.E.1. The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each fellow.

VI.E.2. Fellows taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.